



Health Care Authority



Manager, Washington Wellness Works *WMS Recruitment Announcement*

OPENS: July 20, 2006

LOCATION: Lacey, Washington

SALARY: \$51,000 to \$65,900 depending upon qualifications

CLOSES: August 9, 2006 (HCA reserves the right to extend the deadline until the position is filled.)

Background: The Washington State Health Care Authority (HCA) is a cabinet-level agency of Washington State government whose mission is to be a leader in health care policy, purchase quality health care and other benefits, and provide excellent services for its programs. It carries out this mission by contracting with health plans and other contractors to provide health, dental, and other insurance coverage to state employees, retired state employees, enrollees in the Basic Health program, and uninsured low-income individuals served by community clinics. The agency also serves as the lead agency for the state's evidence-based prescription drug program, state prescription drug purchasing consortium, and state health technology assessment. HCA employs approximately 280 people located in Lacey and Seattle.

Role: This position is responsible for all phases of the development and implementation of Washington Wellness Works, an employee and retiree wellness program. Washington Wellness Works (WWW) is part of the [Governor's Five Point Health Care Strategy](#) and the [Governor's Directive on Employee Wellness](#). The goal of WWW is to improve the health status and use of preventive services for employees, retirees and their dependents (320,000+ enrollees). To establish and support this program, the Manager at a minimum must:

- Develop policies and procedures on all aspects of worksite wellness implementation (e.g., contracting with vendors, on-site activities, guidelines for agencies, rights of privacy, etc.).
- In collaboration with Department of Health, provide policy analysis and other assistance required by the Governor's policy office, the legislature, internal HCA programs and others with regard to employee wellness issues and programs.
- Develop and manage program budget.
- Develop and implement a communication plan to include support of a Washington Wellness Works web site.
- Stakeholder management to include agency leadership, legislators, health plans and wellness coordinators.
- Advise, serve as technical expert and assist state agencies and other impacted organizations in developing an employee wellness program focused on physical activity, healthy eating, tobacco cessation and use of preventive strategies.
- Work with health plans to design and implement health risk assessment for all enrollees and dependents over the age of 18. Design and implement methods to measure success of wellness strategies.

The successful candidate will have the following:

- A Bachelor's Degree or equivalent experience in health services, health promotion/education, business administration, marketing or related field.
- At least three years experience in worksite health promotion, a health-related field or program development. Worksite health promotion experience in the public sector is preferred.
- Demonstrated ability to organize and lead projects in a complex environment and motivate individuals and groups to action.
- Experience negotiating, analyzing and managing contract, interagency and/or interstate agreements.
- Excellent communication skills, both verbally and in writing, with the ability to make clear, persuasive presentations to diverse groups.
- Skilled in the use of software and systems. Ability to use various software programs for monitoring, tracking, trending and reporting data.

Compensation: Annual compensation is \$51,000 to \$65,900, depending upon qualifications. We offer a solid benefit package that includes a state retirement plan, deferred compensation, 11 paid holidays, paid vacation and sick leave, and a full array of health, dental, life and long-term disability insurance coverage.

Interested candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience as it relates to this position;
2. A résumé listing names of employers, assigned duties, dates of employment, and degree(s) attained;
3. A list of a minimum of three employment references, two supervisors and one peer ;
4. The reference authorization form.
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Application Process: Complete application packets must be received **no later than 5:00 p.m. on August 9, 2006.**

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia, WA 98504-2698	hrmb@hca.wa.gov Please use <u>Manager, Washington Wellness Works</u> in the subject line Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

Applications will be acknowledged upon receipt, and all candidates will be notified by mail after the final selection has been made.

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____ authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.

Date	Printed name of applicant	Applicant's signature
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Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ Associate ☐

NOTE: A photocopy of this information shall be as valid as the original.

Health Care Authority

PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? If you are more than one race, please check "Other Race".

- | | | | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Race (specify indicate race or culture): _____ | | | | | |

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial _____
(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b) ☐ No

3a. Dates served: from: _____ to _____ ☐ No
3b. Are you a disabled veteran? ☐ Yes (____ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.